



Offer #401-HHS-013

Mental Health and Disability Services

This offer includes the following appropriations: Community Based Services for Children, Youth, and Families, Services to Adults, Emergency Mental Health Crisis Services, Property Tax Relief, MHDD Community Services, MHDD Allowed Growth, State Payment Program, and General Administration
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This offer is divided into the following sections:

- Funding to develop systems of care for
 - Children with Serious Emotional Disturbance
 - Emergency Mental Health Crisis Services
- Funding for services managed by the counties
 - Property Tax Relief
 - MHDD Community Services
 - MHDD Allowed Growth
 - State Payment Program

Program Description for System of Care Services:

Services for Children with Serious Emotional Disturbance (SED)

Children identified with Serious Emotional Disturbance (SED) are children with a diagnosable mental, behavioral, or emotional disorder that is of sufficient duration to meet diagnostic criteria for the disorder specified by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR), published by the American Psychiatric Association, and is accompanied by an impairment that substantially interferes with or limits a consumer's role or functioning in family, school, or community activities.

Prevalence of SED in Iowa

The Division of Mental Health and Disability Services (MHDS) estimates a prevalence of approximately 28,322 children with SED in Iowa based on a midpoint of the projection range provided by the State Data Infrastructure Coordinating Center of the National Association of State Mental Health Program Directors (NASMHPD) Research Institute as of July 2009.

The incidence of children with SED may be higher than reported because of some reluctance of health providers to diagnose a child with a mental illness, children receiving services from educational systems which tend to avoid diagnosing and labeling of symptoms and behaviors, and lack of education for families, caregivers, and other professionals regarding signs and symptoms of mental health issues in children.

It is important to note that many children who need and receive mental health services do not meet the criteria for SED. Their mental health issues do not result in significant functional impairment. They are able to receive basic mental health services such as outpatient individual, group or family therapy and medication management where needed, and they do not progress any further into the mental health system.

For children with mental health issues that are more severe and disruptive to their ability to function, more intensive and coordinated services are necessary in order to reduce reliance on more restrictive types of treatment, such as PMIC, inpatient hospitalization, and group care.

Table 1
Services targeted toward children identified with Serious Emotional Disturbance or who exhibit serious emotional and behavioral problems

SFY	Children served in PMIC ¹	Children receiving:		
		Inpatient MH treatment funded by Medicaid	Children's Mental Health Waiver	Systems of Care Services
SFY 2009	1,179	2,888	774	507
SFY 2010	1,141	2,942	799	561
SFY 2011	1,084	3,172	828	624

- The data in Table 1 reflects the numbers of children served by service/environment during a fiscal year. The data does not reflect an unduplicated count. For example, a child could be served in a Psychiatric Medical Institution for Children (PMIC), receive Systems of Care services upon discharge, have an inpatient hospitalization, and be accepted for the CMH waiver in the same year.
- Psychiatric Medical Institutions for Children provide intensive treatment. There are 12 private PMIC facilities in Iowa and one state operated PMIC at Independence MHI. Children meeting the level of care requirements for PMIC services meet the criteria for SED.
- Inpatient psychiatric care for children is provided in 12 local hospitals and Cherokee and Independence MHIs. It is assumed that some of these children meet the criteria for SED.
- The HCBS children's mental health waiver provides targeted case management to coordinate community and mental health services, along with additional services designed to maintain a child in the home who is at risk of hospital-level care due to their mental health needs. The waiver is currently capped at 730 slots, has 691 individuals receiving services with 31 applications pending, and has a waiting list of 1,051 with the next child to be served having an application date of March 15, 2010. Children must be determined to meet the criteria for SED to be served by the children's mental health waiver.
- Systems of Care are currently available in 12 counties, with 1 additional county (Scott) in the planning phase and provide an access point for children with mental health needs and their families that are not available in the rest of the state. A more complete description is found starting on page 5.

¹ PMICs may serve youth up to age 21.

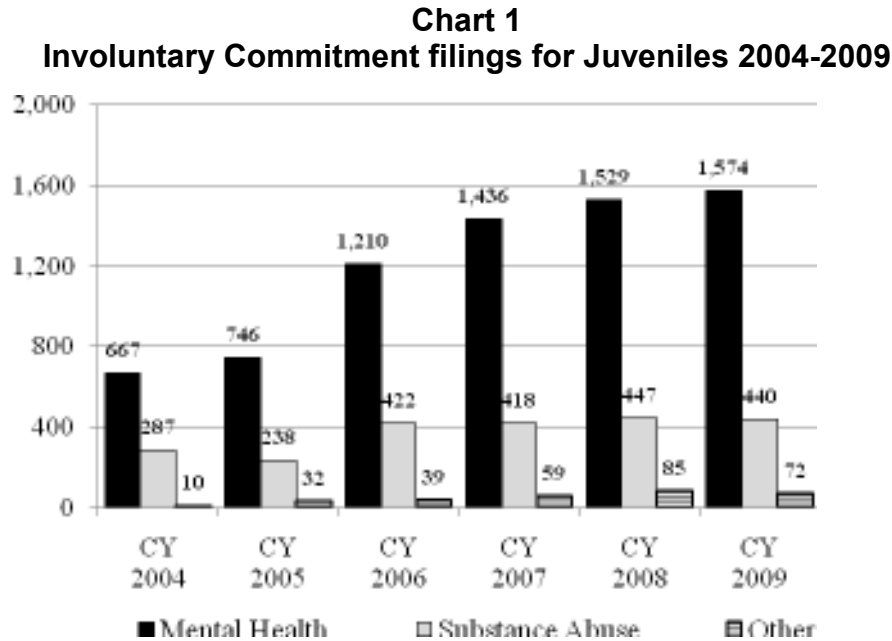
A significant issue for the children's mental health service delivery system is the reliance on out of home treatment and placement as evidenced in the table above. A related issue is that after children are released from a PMIC, community-based mental health services and supports are not consistently available to address the significant issues related to re-integrating into their homes, schools, and communities. Children who were Medicaid eligible based on eligibility for PMIC, do not have continued access to remedial or other publicly funded mental health services following discharge, leaving those children at risk for returning to PMIC or other restrictive, high cost placements. A new program started July 1, 2010, reserved 10 slots on the CMH waiver for such children. Ten slots were awarded and seven accessed during SFY 11. In SFY 12, all 10 slots have already been awarded. This demonstrates the need for aftercare services for children returning to their communities from PMIC and out of state treatment and placements. Systems of Care also provides these services to children who need ongoing services and support in the community during and following inpatient or PMIC treatment, as well as to prevent out of home treatment.

Children may enter the child welfare or juvenile justice system due to their families requesting Child In Need of Assistance (CINA) adjudication or pressing criminal charges due to behavior related to the child's mental and behavioral issues. These children's mental health needs are coordinated through case management provided by DHS Child Welfare or Juvenile Court Services; however, neither system is designed to meet the needs of children with SED. Families whose children receive Medicaid also have the ability to access clinical mental health and skill building services which are available via the Iowa Plan. However, for families and children who do not otherwise meet these requirements, unless they live in an area where Systems of Care is available, there is a significant challenge to access and receive coordinated community-based services.

It should be noted that the laws governing entry to PMIC level of care and the grounds for seeking a CINA petition for mental health treatment both changed in 2005. The law was revised to allow families to access PMIC services without relinquishing custody through the CINA process, which was a positive step. However, for families seeking intensive mental health services and supports in the community the option of receiving those services through the Juvenile Court and DHS was largely removed. An unintended consequence was that an access point to intensive and inpatient mental health services was closed without an alternate one being opened. Data from the judicial system from 2004-2009 shows a doubling of the number of involuntary juvenile mental health commitments filed during that time period (see Chart 1 on the following page, 2010 and 2011 data is not currently available). Counties, providers, and hospitals are expressing concern over this increase, but are often at a loss as to how to respond to families in crisis due to their child's mental health needs. Without a system to divert children to, there is continued reliance on involuntary commitment or other restrictive options. Where Systems of Care are available, they are able to respond with the goal of diverting children and youth from higher end, more restrictive treatments, and placements.

Community Circle of Care estimates through a comprehensive chart review of 1,016 youth served, that 583 (57%) would have received more costly and restrictive services such as out-of-home placement, juvenile court and child welfare involvement, and involuntary committal. These children instead remained in home and community settings.

Central Iowa System of Care reports that 29 (24%) of the 120 children served in SFY 11 were prevented from entering PMIC or had a shortened stay in a residential treatment setting or hospitalization due to involvement with CISOC services.

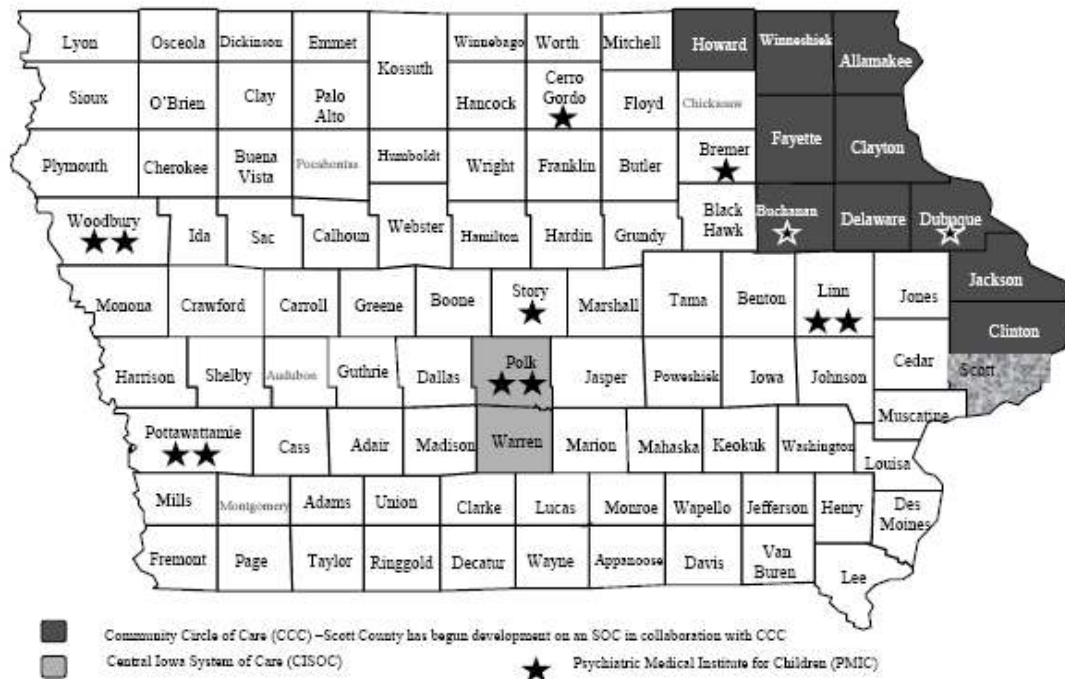


Systems of Care provide an organized system to address the mental health needs of children with serious emotional disturbance who are at risk of entering PMIC, inpatient hospitalization, Child Welfare, and Juvenile Court Services due to their need for coordinated and intensive mental health services.

Systems of Care Development – Community Based Services for Children, Youth, and Families:

Who:

- Children and youth with serious mental health disorders and their families in Polk and Warren Counties.
- Children and youth with serious mental health disorders and their families in Allamakee, Buchanan, Clayton, Clinton, Delaware, Dubuque, Fayette, Howard, Jackson, and Winneshiek Counties. In addition, Scott County Decategorization has allied with the Community Circle of Care to develop community-based services and supports in Scott County following the Systems of Care model. Scott County will begin serving children after October 1, 2011.
- Children and youth served by the System of Care for Linn and Cerro Gordo Counties—this is a new program authorized for SFY 12 by HF 649 under the ACFS appropriation. No additional funds are requested for SFY 13.



What:

- **Systems of Care** – Community Based Services for Children, Youth, and their Families – Central Iowa System of Care (Lead Agency – Orchard Place Child Guidance Center), State and other funds.
- **Systems of Care** – Community Based Services for Children, Youth, and their Families – Community Circle of Care (Lead Agency – Child Health Specialty Clinics), Federal Substance Abuse and Mental Health Services Administration (SAMHSA) funds, State funds, Local Decategorization funds.
- **Systems of Care**-Linn-Cerro Gordo County RFP project-State funds-an RFP will be released according to the authorizing legislation for SFY 12.

How:

Central Iowa System of Care and Community Circle of Care

The Central Iowa System of Care (CISOC) and the Community Circle of Care (CCC) serve children and youth ages 0-21 who are diagnosed with a mental health disorder and meet the criteria for Serious Emotional Disturbance. The children and youth served by both programs are assessed to be at high risk of involvement with more intensive and restrictive levels of treatment due to their serious behavioral and mental health challenges. Both programs provide the following services:

- Care Coordination
- Parent Support Services
- Wraparound Family Team Meeting
- Flexible Funding
- Community Trainings

The overall goal of both programs is to help the identified child remain in their home, school, and community unless safety or clinical reasons require more intensive services. If such services are recommended, the program can remain involved with the family to support the child's return to the family home more quickly by providing ongoing coordination and parent support. Families referred to the Systems of Care are often at the point of requesting assistance from the court or child welfare system or are seeking PMIC placement. Families have exhausted available resources and need an organized system of services and supports to avert placement or treatment of their child out of the home. Referral sources for both programs include parents, Department of Human Services (DHS) Child Welfare, Juvenile Court Services, PMIC's, therapists, and other mental health service providers.

Results Achieved:

Systems of Care Site	# of Children & Youth Served		
	SFY 2011 Actual	SFY 2012 Projected	SFY 2013 Offer
Central Iowa System of Care (CISOC) – serving Polk and Warren Counties	120 (90 DHS funded + 30 Juvenile Justice funded)	120 (90 DHS funded + 30 Juvenile Justice funded)	120 (90 DHS funded + 30 Juvenile Justice funded)
Community Circle of Care (CCC) – former Dubuque Service Area	1,567	1,560	1,560

Systems of Care Site	Results Achieved in SFY 2011			
	Performance Measure #1	Performance Measure #2	Performance Measure #3	Performance Measure #4 ²
	90% of children & youth will not move to more restrictive treatment settings (Group care, PMIC, MHI, out of state placement)	95% of children & youth served will not have CINA petitions filed due to need for mental health services	Children & youth served by the System of Care will be diverted from involuntary commitment for mental health treatment 98% of the time	Children & youth served by the System of Care will demonstrate improved functioning in school
Central Iowa System of Care (CISOC) – serving Polk and Warren Counties	89% (n=120)	94%	98%	92% of clients maintained or improved their attendance, 49% of clients with moderate or severe attendance issues improved their attendance. After 6 months of service, 63% of children had satisfactory grades compared to 55% at intake.

² The two programs did not measure school performance using the same methodology.

Community Circle of Care (CCC) – former Dubuque Service Area	99% (n=1,567)	99%	99%	After 6 months of service, 28% of clients improved school attendance and 39% improved their grades.
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Impact of Proposed Budget on Results:

Current Results:

The current service level request allows the Central Iowa System of Care to continue providing services to approximately 120 children and youth with Serious Emotional Disturbance and their families in SFY13. Through collaboration with the Juvenile Justice Advisory Council, funding has been added to the CISOC budget for care coordination services to approximately 25-30 children and youth with SED who have involvement with, or are referred by the Juvenile Justice system. Funding has been committed by the Advisory Council for Federal Fiscal Year (FFY) 2012 in the amount of \$60,000. The total amount of children and youth projected to be served by this project for State Fiscal Year (SFY) 2013 is 120, dependent on continued Juvenile Justice funding.

Maintaining the current service level funding for CCC will provide the required state match for the last quarter of the sixth federal fiscal year of the SAMHSA grant, and allow CCC to continue to provide community based mental health services and supports in the 10 county catchment areas after the completion of the federal grant September 30, 2012. CCC has also been approved by the Iowa Plan to bill for a previously non-billable service, parent peer support, which will help provide income to the program. Community Circle of Care and Central Iowa System of Care are now working on development of care coordination as a billable service. Care coordination/ wraparound facilitation is the primary service offered through Systems of Care that is currently not covered by the Iowa Plan or private insurance. Funding for both programs helps support these services for all clients, as well as provides support for non-Medicaid eligible children to receive clinical mental health and skill building services.

The program outcomes demonstrate that providing community based services and supports to children with serious emotional disturbance and their families' results in more positive outcomes for children, improves the child's ability to function in the community, be successful in school, and increases social connections to their schools and communities.

Systems of Care Development - Emergency Mental Health Crisis Services:

Who:

The target population to be served is any individual in Dubuque, Jackson, Washington, Howard, Allamakee, Winneshiek, or Clayton County who is experiencing a mental health crisis or is in a situation likely to turn into a mental health crisis if supportive services are not provided, regardless of age, income, insurance coverage, diagnosis, or severity of crisis. The target population also includes individuals who are at risk of being involuntarily committed for mental health treatment.

What:

MHDS is investing in the initial cost of creating capacity to deliver emergency mental health crisis services in a regional area through January 2012. No new appropriation is requested for SFY 13 due to availability of carry forward funds.

How:

The Iowa Medicaid Program, through the Iowa Plan, plans to fund emergency mental health projects in SFY 2011 and 2012, covering seven counties that include development of access/crisis centers, and mental health training for law enforcement personnel, services to reduce Chapter 229 involuntary commitments, and follow-up mental health services for individuals receiving crisis services. MHDS will fund services for non-Medicaid eligible individuals in the Iowa Plan funded counties.

Initial estimates are that approximately one-third of the population in the designated seven counties are Medicaid eligible, therefore MHDS funds will support services to the remaining non-Medicaid population in the same designated seven counties.

MHDS will utilize the emergency mental health outcome data generated by this project to seek additional funding in future years for system expansion across Iowa. MHDS plans to utilize the preliminary infrastructure development as a guide for future statewide development and models of service delivery.

Results Expected:

- Emergency mental health crisis services in the seven-county region will be well-publicized and a well-known comprehensive information and referral system will be developed.
- Emergency mental health system development will increase access to a comprehensive range of person centered, recovery-oriented crisis management and avoidance services in a seven-county regional area.
- The emergency mental health system development will provide opportunities to meet individuals' emergent needs, while serving the needs in the least restrictive setting and promoting and preserving community integration.

Through the provision of timely and accessible crisis services, with a wide range of recovery-oriented crisis stabilization options, it is anticipated that in the seven-county region:

- There will be a decline in Chapter 229 committals.
- There will be a decline in emergency room visits for presented acute mental health crisis.
- There will be a reduction of hospital admissions for behavioral health for 2 days or less.
- There will be an increase in access to outpatient behavioral health assessments available 24 hours a day, seven days a week.
- There will be an increase in the timeliness of behavioral health assessments.
- Individuals in need of mental health services will be diverted to the most appropriate, least restrictive type of care.

With emergency mental health services in place, Iowans in the seven-county region will be assisted in stabilization as quickly as possible with the desired outcome to return people to their pre-crisis level of functioning while maintaining community tenure. The infrastructure development will increase or improve the network of community and natural supports, the use of these supports for crisis avoidance, prevention, and stabilization.

Program Description for County Managed Services:

The information in this section of this offer is directly related to the funding sources that are provided by the state and managed by the counties including:

- Property Tax Relief
- Mental Health/Developmental Disabilities (MHDD) Community Services
- MHDD Allowed Growth
- State Payment Program

In Iowa, county government has planning and service funding responsibility and delivery of services to persons with mental illness and intellectual disabilities. Payment of services is based on legal settlement. It is helpful to provide an overview of the persons served, the financing, and the services available in Iowa as a reference to understanding the role of state funding included in this offer.

Overview of County Managed Services:

The statewide system that serves adults with Intellectual Disabilities, Developmental Disabilities, Brain Injury, and Mental Illness is funded with a combination of Federal, State, and County dollars. The total dollars spent for SFY 2010 is approximately \$999,349,924. The percentage of funding generated by each entity is identified in Chart 2 below.

Federal Dollars include:

- Medicaid
- Mental Health Block grant
- Social Service Block grant
- Money Follows the Person grant

State Dollars include:

- Non-federal share for Medicaid for state cases
- Mental Health Institute costs for State Cases
- Property Tax Relief
- Growth
- Community Service
- Replacement Generation Tax
- State Payment Program
- Risk Pool

County Dollars include:

- County Property Taxes
- Miscellaneous public and private funds

Chart 2
Estimated Total of Funding Expended for Adults (\$999,349,924) – SFY 2010³

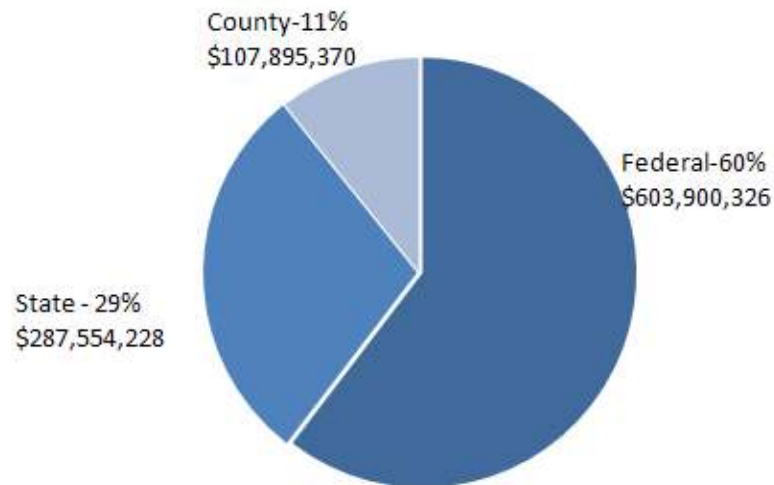
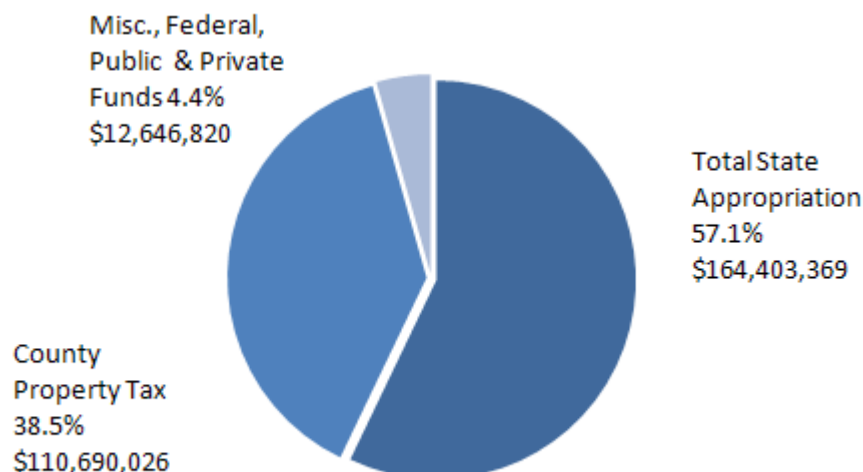


Chart 3 shows the distribution of County/State funding managed by the County CPC's for mental health and disability services in Iowa. State appropriations, county property taxes, and miscellaneous federal, public and private revenues are included and support the range of disability services provided.

The chart below does not include Medicaid fee for service (Iowa Plan) and certain other Medicaid funding for mental health and disability services in Iowa. Because eligibility for services is determined at the county level, service availability for those covered by the MHDD fund varies from county to county.

Chart 3
County/State Funding Managed by County CPCs (\$287,740,215) – SFY 2010⁴



³ Not Included: Recipient supplemental Security Income (SSI) 'facility payment' for support, Medicaid Client Participation, Medicaid for Employed Persons with Disabilities (MEPD) client payments

⁴ Source: SFY2010 GAAP Financial Reports from county governments to the Department of Management.

Table 2 below shows the number of people (child and adult) served in SFY 2010 funded through the county system by the targeted population categories of Mental Illness, Chronic Mental Illness, Intellectual Disability, Developmental Disabilities, and Other/Brain Injury.

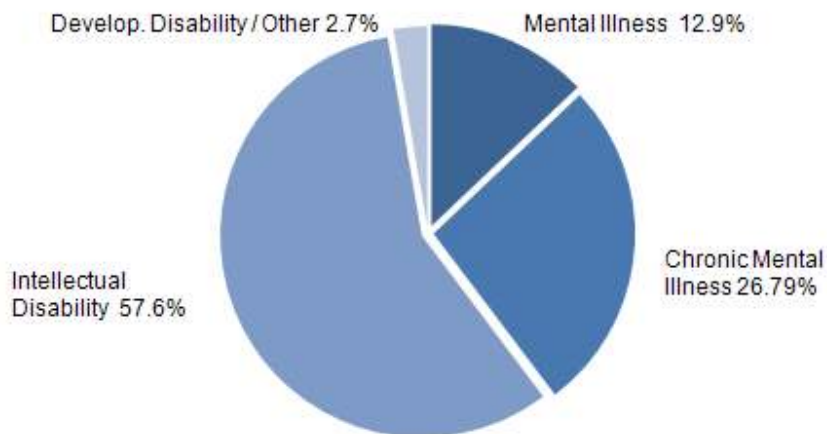
The number of unduplicated people with legal settlement served through the county system in SFY 2010 was 50,321 slightly less than the number of people served in SFY2009. This number does not include persons (without legal settlement) served through the State Payment Program, and many of the people served by the county managed system also receive Medicaid funding.

Table 2
Unduplicated Count of People Served by Disability Category, SFY 2010 ⁵

Disability Population	Adults	Children	Total
Mental Illness	22,189	2,225	24,414
Chronic Mental Illness	11,969	128	12,097
Intellectual Disability	11,306	913	12,219
Developmental Disability	1,166	33	1,199
Other / Brain Injury	355	37	392
Total	46,985	3,336	50,321

Counties establish eligibility criteria for their MHDD funds. Iowa Code requires the minimum financial eligibility of 150% of poverty and \$2,000 in resources. Maximum financial eligibility may vary by county and by program. Counties may have a waiting list if their funds are fully encumbered.

Chart 4
County Managed Expenditure by Diagnostic Category SFY 2010⁶



⁵ Source: Aggregate report submitted by counties on December 1, 2010.

⁶ Source: SFY2010 GAAP Financial Reports from county governments to the Department of Management.

Table 4 shows the six service categories by dollars and percent of expenditure utilization and also by the number and percent of persons funded in each service category.

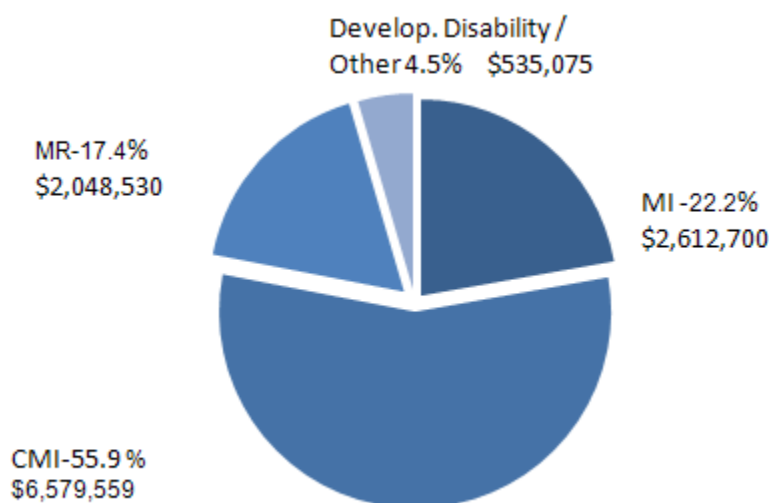
Table 4
Services Funded and Persons Served by County Funds,
Dollars spent in SFY 2010⁷

Services Funded by Counties	Dollars Spent	% of Dollars Spent	Persons Served ⁸	% Persons Enrolled
Coordination	\$ 15,962,342	6.62 %	15,951	34.92%
Personal and Environmental Support	\$ 27,817,697	11.53%	16,736	36.64%
Treatment Services	\$ 26,418,697	10.95%	33,550	73.44%
Vocational and Day Services	\$ 34,024,099	14.10%	14,128	30.93%
Licensed Certified Living Arrangements	\$ 111,643,585	46.28%	9,405	20.59%
Institutional/Hospital and Commitment Services	\$ 25,368,656	10.52%	13,178	28.85%

State Payment Program:

The purpose of the State Payment Program (SPP) is to provide eligible adult Iowans who do not have a county of legal settlement, with access to local services authorized through County Management Plans. The purpose is to maintain and improve the self-sufficiency of adults with a mental illness, intellectual disability, and/or a developmental disability. The county purchases local services and the SPP reimburses the county.

Chart 5
State Payment Program Expenditure by Diagnostic Category, SFY2010



⁷ Percentages of services funded and persons served are based on Individual data information submitted by county CPC's on December 01, 2010.

⁸ Persons served are unduplicated by service.

Table 5 shows the service categories by dollars spent and percent of expenditure utilization and also by the number of persons funded and percent of persons funded in SFY 2010 by the State Payment Program. The service categories are identical to the service categories covered by counties with the exception of Administrative. None of the State Payment Program dollars are used to fund the administrative management by counties.

Table 5
Services Funded and Persons Served by State Payment Program,
Dollars spent in SFY 2010⁹

Services Funded by State Payment Program	Dollars Spent	% of Dollars Spent	Persons Served	% Persons Enrolled
Administrative	\$ -	0.00%	0	0.00%
Coordination	\$ 157,588	1.33%	225	6.93%
Personal and Environmental Support	\$ 1,116,787	9.46%	799	24.61%
Treatment Services	\$ 2,297,916	19.47%	3,051	93.96%
Vocational and Day Services	\$ 1,925,169	16.31%	474	14.60%
Licensed Certified Living Arrangements	\$ 5,307,162	44.96%	542	16.69%
Institutional/Hospital and Commitment Services	\$ 998,412	8.46%	1,439	44.32%

Financing Challenges:

During SFY2009 the American Recovery and Reinvestment Act (ARRA) was implemented. This provided increased federal participation for Medicaid funded services. This program ended on June 30, 2011. (Counties pay the non-Federal share for adults receiving the following Federally-funded services: Home and Community Based Intellectual Disability Waiver, Intermediate Care Facility for Mental Retardation, Targeted Case Management, and Habilitative Services.) Because of the increased Federal participation, the counties saw a decrease in expenditures for Medicaid services. During this same time period, SFY10 and 11, the state revenues (Property Tax Relief, Growth and Community Services) were reduced, so counties also saw a reduction in available dollars to spend on services.

The following is the approximate savings that the counties have experienced because of ARRA:

- SFY 2009 decrease in County spending = \$23,408,273
- SFY 2010 decrease in County spending = \$43,904,704
- SFY 2011 potential decrease in County spending = \$35,777,408

This constitutes an approximate savings of \$103,000,000 over the three year period

Many counties were on the verge of starting waiting lists when the ARRA package became available. The short-term effects of these savings will be more county funds to provide needed services.

⁹ Percentages of services funded and persons served are based on Individual data information submitted by county CPC's on December 01, 2010.

July 1, 2011 brought about an increase in the non-federal share of Medicaid funded services and, simultaneously, the projected ending fund balances for SFY2011 (beginning fund balance for SFY2012) had decreased. Although state revenues increased for SFY2012, the counties' expenditures due to Medicaid match have increased substantially. The county ending fund balances for SFY2012 are projected to be even less than SFY2011 and projected Medicaid expenditures (for the counties) is higher. The cumulative effect is less money will be available for non-Medicaid expenditures (including the mandated commitment costs). In SFY2011, counties had \$156,000,000 available for non-Medicaid services, while in SFY2013, the dollars available for non-Medicaid services is estimated to be \$86,000,000.

Counties may address the impact of this by instituting one or more of the following:

- Waiting lists for non-Medicaid services
- Reduction in the amount of services constituents are currently receiving
- Reduction of available services (making a smaller array of services available)
- Discontinuation of services to some disability group

How:

Service Delivery

MHDD Community Services Fund, Property Tax Relief, Allowed Growth, Risk Pool:

- The DHS allocates funding from three appropriations (Property Tax Relief, MHDD Allowed Growth and MHDD Community Services) to counties according to a formula established by the Legislature. These funds are placed into the county's MHDD Fund 10, along with funds raised by the county through property taxes.
- The CPC funds services according to their County's approved Management Plan.
- The county pays for services from the MHDD Fund, including the cost for institutional services, the non-Federal match for Medicaid funded services where that match is the responsibility of the county of legal settlement, and for services the county directly contracts with community providers.
- The DHS determines eligibility and coordinates services for individuals applying for Medicaid services including Home and Community Based Waivers.

State Payment Program:

The resident county CPC administrators manage the State Payment Program service payments for persons older than 18 years of age. The CPC submits claims to the DHS for services paid for by the county and the SPP reimburses the county monthly for submitted claims.

Service Support

The MHDS Division supports the development of quality mental health and disability services for consumers of all ages and families throughout the state by providing the following:

- Accreditation and survey activities for over 220 providers, including community mental health centers, other mental health providers, and providers of targeted case management, supported community living, intensive psychiatric rehabilitation, emergency services, partial hospitalization.
- Support and provide technical assistance to county governments in the planning and programming for adults with mental health and developmental disabilities.

- Support and provide technical assistance to community mental health centers and other designated providers regarding the implementation of emerging, best, and evidence-based practices. MHDS works with and provides federal mental health block grant funding to approximately 40 community mental health centers and other mental health providers each year for the development of emerging, best, and evidence-based practices.
- Partner with Magellan in the implementation of the Consumer Health Inventory (CHI) for individuals with and without Medicaid funding.
- Develop and implement contracts for issuance of mental health block grant, social services block grant and other funds for over 100 providers.
- Coordinate, participate in and/or monitor activities across Iowa state agencies, other policy making bodies, advocacy and advisory groups that affect Iowans with disabilities, including:
 - MHDS Commission
 - Mental Health Planning Council
 - Olmstead Consumer Taskforce
 - Iowa Disability Advocacy Network
 - Risk Pool Board
 - Iowa Advisory Council on Brain Injury
 - Iowa Council on Homelessness
 - Critical Incident Stress Management Network
 - Iowa Disaster Human Resource Council
 - Iowa Department of Public Health (Disaster) Preparedness Advisory Committee
 - The Governance Group on Employment Opportunities for Individuals with Disabilities
 - Disaster Behavioral Health Response Team Advisory Council
 - In process of drafting a multi-year Olmstead plan.

Results Achieved:

Result:	SFY 2009 Actual Level	SFY 2010 Actual Level	SFY 2011 Projected Level	SFY 2012 Offer Level
Number of people served by County and SPP. ¹⁰	55,150	53,596	56,000	57,000

Impact of Proposed Budget on Results:

Current Results:

This offer provides access to community-based and other services for approximately 50,321 Iowans with mental health and other disability service needs across the State of Iowa. Adults and some children with mental health disorders and other disabilities are served with funding from the MHDD Community Services Fund, Property Tax Relief, Allowed Growth, and Risk Pool. These funds are combined with county property tax dollars and Federal dollars to create the county MHDD fund.

¹⁰ This information is reported annually on December 1st of each year for the prior fiscal year.

Adults living in Iowa who do not have a county of legal settlement are served using funding from the State Payment Program. A total of 3,275 Iowans were served using funding in the State Payment Program during SFY 2010.

In addition, this offer continues the General Administration funding in support of the work of the division and MHDS Commission.

Development of Combined Mental Health and Disability Services Olmstead Plan

As a part of Iowa's efforts to transform its mental health and disability services systems, MHDS is undertaking a concerted planning and community engagement effort to develop a combined mental health and disability services plan.

Legal Requirements:

Federal: Title XIX of the Social Security Act; Title XIX of the Public Health Services Act; SAMHSA Community Mental Health Block Grant guidelines

State: Iowa Code, sections 331.424A, 331.438-440, 225C, 230A, and 252.16 (Legal Settlement).